

For the year January 1—December 31, 1973, or other taxable year beginning _____, 1973, ending _____, 19_____

Please print or type	Name (If joint return, give first names and initials of both)	Last name	COUNTY OF RESIDENCE	Your social security number	
	Present home address (Number and street, including apartment number, or rural route)			Spouse's social security no.	
	City, town or post office, State and ZIP code			Occupation	Yours ▶

Filing Status—check only one:

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ▶ _____
- 4 ☐ Unmarried Head of Household
- 5 ☐ Widow(er) with dependent child (Year spouse died ▶ 19)

Exemptions

Regular / 65 or over / Blind

- 6a Yourself . . . ☐ ☐ ☐ Enter number of boxes checked ▶ _____
- b Spouse . . . ☐ ☐ ☐ Enter number ▶ _____
- c First names of your dependent children who lived with you _____ Enter number ▶ _____
- d Number of other dependents (from line 27) . . . ▶ _____
- 7 Total exemptions claimed ▶ _____

8 **Presidential Election Campaign Fund.**—Check ☐ if you wish to designate \$1 of your taxes for this fund. If joint return, check ☐ if spouse wishes to designate \$1. **Note:** This will not increase your tax or reduce your refund. See note below.

Other Dependents	(a) NAME	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
					\$	\$

27 Total number of dependents listed in column (a). Enter here and on line 6d **▶**

Part I Income other than Wages, Dividends, and Interest

28 Business income or (loss) (attach Schedule C)	28		
29 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	29		
30 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	30		
31 Pensions, annuities, rents, royalties, partnerships, estates or trusts, etc. (attach Schedule E)	31		
32 Farm income or (loss) (attach Schedule F)	32		
33 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	33		
34 50% of capital gain distributions (not reported on Schedule D)	34		
35 State income tax refunds (does not apply if refund is for year in which you took the standard deduction—others see instructions on page 8).	35		
36 Alimony received	36		
37 Other (state nature and source) ▶	37		
38 Total (add lines 28, 29, 30, 31, 32, 33, 34, 35, 36, and 37). Enter here and on line 12 ▶	38		

Part II Adjustments to Income

39 "Sick pay." (From Forms W-2 and W-2P. If not shown on Forms W-2 or W-2P, attach Form 2440 or statement.)	39		
40 Moving expense (attach Form 3903)	40		
41 Employee business expense (attach Form 2106 or statement)	41		
42 Payments as a self-employed person to a retirement plan, etc. (see Form 4848)	42		
43 Total adjustments (add lines 39, 40, 41, and 42). Enter here and on line 14 ▶	43		

Part III Tax Computation (Do not use this part if you use Tax Tables 1-12 to find your tax.)

44 Adjusted gross income (from line 15)	44		
45 (a) If you itemize deductions, enter total from Schedule A, line 41 and attach Schedule A (b) If you do not itemize deductions, enter 15% of line 44, but do NOT enter more than \$2,000. (\$1,000 if line 3 checked)	45		
46 Subtract line 45 from line 44	46		
47 Multiply total number of exemptions claimed on line 7, by \$750	47		
48 Taxable income. Subtract line 47 from line 46	48		

(Figure your tax on the amount on line 48 by using Tax Rate Schedule X, Y, or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, maximum tax from Form 4726, or special averaging from Form 4972.) Enter tax on line 16.

Part IV Credits

49 Retirement income credit (attach Schedule R)	49		
50 Investment credit (attach Form 3468)	50		
51 Foreign tax credit (attach Form 1116)	51		
52 Credit for contributions to candidates for public office—see instructions on page 9	52		
53 Work Incentive (WIN) credit (attach Form 4874)	53		
54 Total credits (add lines 49, 50, 51, 52, and 53). Enter here and on line 17 ▶	54		

Part V Other Taxes

55 Self-employment tax (attach Schedule SE)	55		
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Tax from recomputing prior-year Work Incentive (WIN) credit (attach schedule)	57		
58 Minimum tax. Check here <input type="checkbox"/> , if Form 4625 is attached	58		
59 Social security tax on tip income not reported to employer (attach Form 4137)	59		
60 Uncollected employee social security tax on tips (from Forms W-2)	60		
61 Total (add lines 55, 56, 57, 58, 59, and 60). Enter here and on line 19 ▶	61		

Part VI Other Payments

62 Excess FICA tax withheld (two or more employers—see instructions on page 9)	62		
63 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	63		
64 Credit from a Regulated Investment Company (attach Form 2439)	64		
65 Total (add lines 62, 63, and 64). Enter here and on line 21d ▶	65		

Foreign Accounts	Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," attach Form 4683. (For definitions, see Form 4683.)